**Certificate of Insurance Request Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Request** |  | | | | **Date Needed** |  | |
| **To** | AHT Insurance | | | | **From** |  | |
| **Attention/Email** | (AM or Asst. AM Name/Email) | | | | | | |
| **Insured’s Name** |  | | | | | | |
| **Insured’s Address** |  | | | | | | |
| **Reason for Request** | | | | | | | |
| ☐ Landlord  ☐ Equipment Lease  ☐ Purchase Order | | | ☐ Job/Project  ☐ Mortgagee/Lender  ☐ Auto Lease | | | ☐ Proof of Insurance  ☐ Other (describe) | |
| **Attach a copy of lease, purchase order or contract for our review.**  ☐ Attached ☐ Not Attached | | | | | | | |
| **Certificate Holder** |  | | | | | | |
| **Certificate Holder’s Address** |  | | | | | | |
| **Job/Reference #** |  | | | | | | |
| **How would you like the Certificate of Insurance sent to you?** | | | | | | | |
| **Attention** |  | | | | | | |
| **Email** |  | | | | | | |
| **Deliver to** | ☐ Insured ☐ Insured and Holder ☐ Holder only | | | | | | |
| **Coverage Required** | | | | | | | |
| ☐ General Liability  ☐ Property  ☐ Workers’ Compensation | | | ☐ Auto Liability  ☐ Auto Physical Damage  ☐ Umbrella/Excess Liability | | | ☐ Other (describe) | |
| **Certificate holder should be listed as** | | ☐ Additional Insured  ☐ Loss Payee | | ☐ Loss Payee  ☐ Other: (describe) | | | |
| **Special Requirements** | | ☐ Waiver of Subrogation | | ☐ Per Project Aggregate | | | ☐ Other (describe) |
| **Additional Comments** | |  | | | | | |

